

ALABAMA FORESTRY COMMISSION

APPLICATION FOR PRESCRIBED BURN MANAGER RECERTIFICATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Social Security # \_\_\_\_\_  
\_\_\_\_\_  
Telephone Home: \_\_\_\_\_  
e-mail Address: \_\_\_\_\_ Business: \_\_\_\_\_

Employer: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
\_\_\_\_\_

Prescribed Burning Re-Certification Training (Required: 6 contact hours within 5 years)  
(Attach proof of attendance)

Course: _____	Date: _____
Sponsor: _____	Contact Hours: _____
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Course: _____	Date: _____
Sponsor: _____	Contact Hours: _____
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Course: _____	Date: _____
Sponsor: _____	Contact Hours: _____

Attach proof of required training and **\$50 application fee** (non-refundable). Make checks payable to: Alabama Forestry Commission. Return this form, certificates and check to:

Alabama Forestry Commission  
Attn: Prescribed Burn Certification Program  
P.O. Box 302550  
Montgomery, AL 36130-2550

I certify that the above information is accurate and complete to the best of my knowledge.

\_\_\_\_\_  
Applicant (signed)